

Atty. Dkt. No. 053466-0296

1fn 1644  
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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Tadamitsu KISHIMOTO *et al.*  
Title: CHRONIC RHEUMATOID ARTHRITIS THERAPY  
CONTAINING IL-6 ANTAGONIST AS EFFECTIVE  
COMPONENT  
Appl. No.: 09/756,125  
Filing Date: 1/9/2001  
Examiner: G. Ewoldt  
Art Unit: 1644  
Confirmation No.: 6506

**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ ] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a  
previous assertion of Small Entity status.

[ ] Assertion of Small Entity status is enclosed.

[ X ] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	14	-	20	=	0	x	\$50.00	=	\$0.00
Independent Claims:	4	-	3	=	1	x	\$210.00	=	\$210.00
First presentation of any Multiple Dependent Claims:							+	\$370.00	= \$0.00
CLAIMS FEE TOTAL								=	\$210.00

☒ Applicants hereby petition for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

<input type="checkbox"/> Extension for response filed within the first month:	\$120.00	\$0.00
<input type="checkbox"/> Extension for response filed within the second month:	\$460.00	\$0.00
<input checked="" type="checkbox"/> Extension for response filed within the third month:	\$1,050.00	\$1,050.00
<input type="checkbox"/> Extension for response filed within the fourth month:	\$1,640.00	\$0.00
<input type="checkbox"/> Extension for response filed within the fifth month:	\$2,230.00	\$0.00
EXTENSION FEE TOTAL:		\$1,050.00
<input type="checkbox"/> Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		\$1,260.00
<input type="checkbox"/> Small Entity Fees Apply (subtract ½ of above):		\$0.00
Extension Fees Previously Paid:		\$0.00
TOTAL FEE:		\$1,260.00

A credit card payment form in the amount of \$1,260.00 is enclosed.

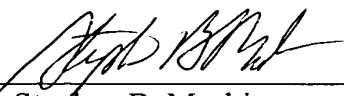
The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

If any extensions of time are needed for timely acceptance of papers submitted herewith, applicants hereby petition for such extension under 37 C.F.R. §1.136 and authorize payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date Dec. 17, 2007  
 FOLEY & LARDNER LLP  
 Customer Number: 22428  
 Telephone: (202) 672-5569  
 Facsimile: (202) 672-5399

By   
 Stephen B. Maebius  
 Attorney for Applicants  
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 Agent for Applicants  
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